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THESES OF THE DOCTORAL DISSERTATION

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Using interpretative phenomenological analysis (IPA) to assess recovery processes - qualitative analysis of experience and identity

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1. Background and main goals

Interpretative phenomenological analysis (IPA) is recently developed and rapidly growing qualitative research approach. It is originated and mostly used in health psychology but it is increasingly used by those working in the human, social and health sciences (Smith, Flowers, & Larkin, 2009). It has become one of the best known qualitative methods in psychology ever since the first IPA study was published in 1996 (Smith, 1996) in the United Kingdom (Smith et al., 2009). Until 2015 (when I have started my PhD research) there was no published Hungarian IPA study available, therefore one of the aims of my research was to apply IPA in Hungarian sample and in the Hungarian language.

IPA is concerned with an in-depth analysis of lived experience and examines how the participants make sense of their major life experiences that are significant to them. IPA also could examine how the participants perceive the identity. That is why IPA is originated from health psychology and many studies examined the experience of chronic illness, psychosis, therapy, addiction and recovery (Smith, 2011). An IPA study focuses on processes (not on results) and tries to unfold how the meaning of an experience changes over time (Smith et al., 2009).

During PhD research, I have examined recovery stories, and due to the way how IPA approach the data, it seemed to be the most suitable method for my research inquiry. Since recovery is a complex and dynamic process and a recovery story could have a significant meaning to the person who is in recovery, this is an excellent subject for an IPA study. As such, many previous IPA studies examined the experience of recovery (Hill & Leeming, 2014; Larkin & Griffiths, 2002; Newton, Larkin, Melhuish, & Wykes, 2007; Shinebourne & Smith, 2011).

The concept of recovery has emerged as a significant paradigm in mental health field when alcoholism and other addictions have been reconceptualized as diseases (rather than a failing of character), “recovery” has been applied to a process of learning to live a full life without alcohol or drugs. The meaning of the word “recovery” gained multiple nuances: restoration of normal health and functioning, the challenge of not allowing a long-term condition to consume or dominate one’s life (Jacobson & Curtis, 2000). Many additional concepts are associated with recovery, such as recovery is an “ongoing journey” (continuous process), that is led by

identity change, agency, finding meaning in life (meaningful roles), rebuilding social networks, hope and focusing on the future (Terry & Cardwell, 2015). Application of recovery concepts to psychiatric disorders is recent and originate from ex-patient movement and self-help advocacy (Jacobson & Curtis, 2000).

Since recovery is a lifelong process, recovery from addiction requires constant work (Laudet, 2007; Madácsy, 2013) that is based on the adaptation of a new identity (Baker, 2000; Hänninen & Koski-Jännes, 1999; Hecksher, 2004; Koski-Jännes, 1998, 2002; James McIntosh, 2014; J. McIntosh & McKeganey, 2000, 2001). During the process of recovery, drug users have turning points – especially when users hit bottom after a downhill spiral – which helps them reconstruct the meaning and structure of their lives, rethink their lives and thereby change their futures (Koski-Jännes, 1998, 2002). New experiences and relationships are essential when starting a new life. Identity in this regard has two aspects: social and private.

Recovering helpers already existed in the 19th century in hospitals or in other drug rehabilitation centers in the US. Currently, about 37–75 % of helpers in the USA are recovering users (Knudsen, Ducharme, & Roman, 2006; McNulty, Oser, Aaron Johnson, Knudsen, & Roman, 2007). In Hungary many drug rehabilitation centers, drug ambulances employ recovering helpers (e.g.: Blue Point Foundation, Nyíró Gyula National Institute of Psychiatry and Addictions). Often they work within the frameworks of the Minnesota method (also known as the 12-step program) (White, 2000a, 2000b). Motivation is a very significant factor in helpers' lives: their life is a role, which helps other drug users to recover. Many previous studies have examined the experience of recovery, but experiences of recovering helpers, especially the aspects of identity are unexplored yet. Consequently, the first empirical study included in my dissertation (Study 1) had two main goals:

- (1) to assess the process of how addicts become recovering helpers
- (2) to examine what is the connection between recovery and helping by utilizing IPA

In recent years new psychoactive substances (NPS) have been increasingly used by people who use drugs in recent years, which poses a new challenge for treatment services (Corazza et al., 2013). NPS are sold as replacements

to illicit drugs, but they often contain unknown compounds. In Hungary, NPSs appeared in 2010 and rapidly dominated the illicit drug market (RÁCZ et al., 2016). The number of seizures of synthetic cannabinoids (SCs) - also known as “herbal”, “bio-weed”, or “sage” - was nearly double the number of seizures of herbal cannabis in 2014. The range of substances found in the products follows the changes in legislation: between one and two dominant active substances could be found on the market in each individual period. In Hungary substances are banned compound-by-compound (Hungarian National Focal, 2015). Users obtain drugs from acquaintances and friends or from the internet (Hungarian National Focal, 2015).

While there is an increasing body of research on the motivation and the effects associated with SC use (Arfken, Owens, Madeja, & DeAngelis, 2014; Barratt, Cakic, & Lenton, 2013; Bonar, Ashrafioun, & Ilgen, 2014; Castellanos, Singh, Thornton, Avila, & Moreno, 2011; Meshack et al., 2013), and many papers published clinical case reports on withdrawal symptoms (Nacca et al., 2013; Van Der Veer & Friday, 2011; Zimmermann et al., 2009), psychosis (Every-Palmer, 2011) and psychotic symptoms (Müller et al., 2010) following SC consumption, there is huge lack of qualitative research that examines users’ subjective experiences. At the time of the examination there was only one available study that employed qualitative method, Bilgri (2016) analyzed discussions on experiences of SC use in posts of an online drug forum and in interviews with forum participants, but little is known about the subjective interpretation of SC use by the people themselves who used SCs. Therefore, the second empirical study included in my dissertation (Study 2) had one main goal:

- (3) to examine personal interpretations of experiences derived from the use of synthetic cannabinoids

Identity work, more specifically the perception and transformation of the “addicted self” are important processes during recovery from psychoactive substance addiction (Larkin & Griffiths, 2002). A key to transformation of the self is the realization of the addict that the so-called „damaged self” has to be restored by reawakening the old identity or establishing a new one (Biernacki, 1986). The addict transforms his or her „spoiled identity” (as described by Goffman (1963)), with the aim of constructing the „non-addict identity”, and the identity of recovery (J. McIntosh & McKeganey, 2001).

According to J. McIntosh and McKeganey (2000), the alteration of experiences and the alteration of identity are parallel processes. Experiences of users of psychoactive substances are mostly positive at the beginning of the drug user career, and positive experiences often relate to a positive identity/self-image. In later stages of the drug user career, the drug loses much of its previous „power” and „mystique” so the user needs to re-evaluate his or her user identity. By keeping a distance from the addict identity, the construction of the „non-addict self” is a main point of recovery. The role of identity work is important both in addiction and recovery. The examination of identity work is only possible through subjective accounts, which provide an insider perspective to investigate how the person perceives the identity. One such method is interpretative phenomenological analysis (IPA) (Smith et al., 2009).

Due to the particular effects of SCs, such as the predominance of negative experiences and their strong mental influence, the identity work of SC users may be very difficult. However, little is known about the identity work of SC users, and how and whether they could fit into the recovery process experienced by psychoactive drug addicts. Since the aspects of identity could be basic in the treatment of SC users (12-steps groups and Minnesota models are building on identity change in the recovery process) the aims of the third study (Study 3) included in dissertations were:

- (4) to examine how the users perceived their selves during the use of SCs
- (5) to assess how identity formation is affected by the use of SCs

The recovery approach is not only known in addiction field, it is also used in recovery from mental illness (Bradshaw, Armour, & Roseborough, 2007), in desistance from crime (Farrall & Calverley, 2006), in recovery from divorce (Quinney & Fouts, 2004) and in recovery from suicide attempt (Sun & Long, 2013). The elements of recovery approach such as building a strong and positive identity, agency, finding meaningful roles, social integration, hope and focusing on the future (Terry & Cardwell, 2015) could help overcome multiple problems and moving towards something more, a positive and meaningful life without medical and psychiatric treatment, that often stigmatize patients. Recovery from mental health is not primarily about recovery from the symptoms. Due to it emerged from de-institutionalization it means recovery from long-term patient care, discrimination, and the effect of being a mental health patient.

By undermining choice, personhood, hope and self-control services and systems could be the biggest barriers to recovery (Terry & Cardwell, 2015). Therefore applying recovery approach in mental health field originates from and supported by self-help advocacy (Jacobson & Curtis, 2000).

In the interest of examining recovery stories of psychiatric patients we have chosen a type of disorder that is unexplored in the Hungarian context. Voice hearing or auditory verbal hallucinations are transdiagnostic symptoms that could appear in psychotic disorders that exist along a continuum within psychiatric and non-psychiatric populations. Voice hearing is predominantly a sensory experience that occur in the absence of external stimuli and are typically attributed to an external source. The experience of hearing voices is described as frightening that could lead to distress, social isolation, and functional disability. 25-50% of patients have persistent voice hearing despite pharmacological treatment (Rosen, Jones, Chase, & Grossman, 2015).

Auditory verbal hallucinations have historically played an important role in diagnosing psychiatric disorders. In the last few decades, however, there has been an increase in research on the phenomenology of hearing voices in multiple contexts (Woods, 2013). This change in perspective is due to three factors: (1) epidemiological data suggest several occurrences in the general population (Johns et al., 2014; Linscott & Os, 2010; Nuevo et al., 2012) and hearing voices can be a symptom of other psychiatric diagnoses (Johns et al., 2014; Larøi et al., 2012; McCarthy-Jones et al., 2014); (2) the new models of cognitive and social relationships (Chadwick, 2003, 2006; Falloon et al., 2006) and hearing voices has led to therapeutic changes and (3) the recovery model, the recovery movement of voice hearing persons and user-centered experiences (Holt & Tickle, 2014; Jackson, Hayward, & Cooke, 2011) play a crucial role in integrating personal experiences and understanding into therapy. Patsy Hague and Eleanor Longden (whose story was not made public until the 2000s), the first self-identified voice hearers, considered the experience to be meaningful rather than the symptoms (Romme & Escher, 2000; Romme, Honig, Noorthoorn, & Escher, 1992). Their identities were built around voice hearing and they distinguished themselves from the more common psychiatric portrayal of schizophrenic patients. They defined themselves as *experts by experience* (as opposed to experts by profession), and created a symmetric peer-to-peer relationship with other hearers, which led to the development of the Hearing Voices Movement (HVM) (Corstens, Longden, McCarthy-Jones,

Waddingham, & Thomas, 2014; Woods, 2013). The role of Marius Romme, the first hearing voices therapist, is also essential as he was able to help legitimize voice hearing as a non-psychiatric symptom (Romme & Escher, 2000).

Qualitative findings have demonstrated interconnection between the relational theory, the HVM and the experience of recovery (Chin, Hayward, & Drinnan, 2009; Holt & Tickle, 2014; Jackson et al., 2011). The results of relationship therapy (Hayward, Berry, McCarthy-Jones, Strauss, & Thomas, 2013) and recovery experiences (de Jager et al., 2015; Holt & Tickle, 2014) could all be explained with the help of the relational theory. Chin and colleagues' (2009) IPA study explained the relationship between the 'I' and the voices using elements of Birtchnell's relating theory (Birtchnell, 1993, 1994): the personalisation of voices, the opposition or united relationship between the 'I' and the voices, the proximity between the 'I' and the voices. A grounded theory study (Jackson et al., 2011) revealed three explanatory factors of the positive relationship between the person and the voices: reduction of fear, recognition of positive feelings and the establishment of control. These factors were grounded in different processes: personalisation of voices, personal connection to the voices, strong self-sense (the sense of independence), connection to the community and a personal and meaningful narrative about voice hearing in the life story. Consequently, these experiences led to the recovery-centered approaches and to the functional concepts of self-help groups.

In Hungary the Semmelweis University Community Psychiatry Centre Awakenings Foundation operates a self-help group for voice hearers. This voice hearing group is self-organized based on the Mérey (2013) self-help books for voice hearers. Since there was no previous Hungarian research that examined voice hearing, and IPA is a suitable research method for research topics that are meaningful experiences, and many previous IPA studies examined the experience of voice hearing (Chin et al., 2009; Holt & Tickle, 2015; Rosen et al., 2015) the aims of the fourth study (Study 4) included on my dissertation were:

- (6) to explore the lived experiences of voice hearing individuals
- (7) to examine the ways in which participants make sense of their voices
- (8) to examine what does recovery mean in this context
- (9) to explore the role of self-help group by utilizing IPA

2. Empirical studies

2.1. Study 1: The Therapeutic Journeys of Recovering Helpers – an Interpretative Phenomenological Analysis

2.1.1. Methods

The study was conducted in two drug rehabilitation centers involving five male and one female professional recovering helpers who have been in recovery for at least 5 years, four of them working as helpers for at least 10 years and two for 1 year. According to the methodology of IPA, the idiographic inquiry requires a homogenous and small sample, the recommended sample size for an IPA study is three to six interviewees (Smith et al., 2009). Each helper participated in a semi-structured interview that lasted for about an hour. Questions assessed experiences as users, during the recovery process and while working as helpers. The interviews were transcribed verbatim, and we analyzed data using IPA. Common themes and topics were extracted from each interview. Topics that emerged from the text were first ordered into “emergent themes” and then chronologically organized to reflect temporality or logic within the themes and “master themes” formed (Smith et al., 2009). Study results were given back to the participants for verification, who agreed with the contents. The Institutional Review Board at Eötvös Loránd University approved all study protocols.

2.1.2. Main results

Four turning points were identified during the interviews: 1. starting using drugs or gambling, becoming an addict, 3. hitting bottom, and 4. becoming a helper. In addition, four themes related to being a helper were identified: 1. the recovering self and the helping self, 2. the wounded helper, 3. the skilled helper and 4. the experience of helping.

2.1.2.1. Turning points

Starting Using Drugs or Gambling

Psychoactive drug use or gaming appeared in the interviews as a process, which is “exciting” and “special”, but which later renders the user powerless. Several participants reported that this period was a natural part

of their lives, and they often mentioned that they wanted to be seen as different, so they turned to using the drugs to achieve this.

Becoming an Addict

Using psychoactive drugs or gaming lead to addiction. Identifying the presence of this addiction was important in becoming an empirical expert.

Hitting Bottom

This turning point appears as a concrete and traumatic event, which is more tangible than the previous turning points. Hitting bottom is linked to a well-defined period or event, and it leads to the beginning of the recovering self.

2.1.2.2. Becoming a Helper

Several interviewees said that recovery was a continuous, lifelong work and a learning process, something that helpers do to themselves along with the clients. Work and learning, therefore, are not separate at all.

The Wounded Helper

According to most participants, addiction is a prerequisite to becoming an empirical expert, experiences in the course of a prior addiction career can be useful in the helping relationship. In turn, helping relationships have a therapeutic effect on the helpers.

The Skilled Helper

Skills that characterize helping and helpers belong to this topic: the ability to ask, reflect, listen, pay attention, be present or be a safe point. Helpers' work on their own self-awareness contributes to an improvement in their qualification as helpers.

The Experience of Helping

Participants explained that helping has two parts: the helper and the client. Being a helper means strengths and assets because clients listen to helpers; it also means acceptance, challenge and giving belief and hope. The helping experience was often referred to as a situation between two people, where the helper exerts an effect on the client primarily with his/her presence, from the "outside".

2.2. Study 2: Assessing the experience of using synthetic cannabinoids by means of interpretative phenomenological analysis

2.2.1. Methods

The current study was conducted in two Hungarian drug rehabilitation centers that work with a recovery approach and require abstinence. Based on the methodology of IPA, a purposive sample was recruited (Smith et al., 2009) among the treatment participants. The current study involved six male patients (aged 20– 27 years) who were self-identified SC users. No female users were available. Before the analysis, they had been using SCs for at least 2–6 years, and at the time of the study they had been abstinent for at least 1 month. It was assumed that SCs were the dominant components of the substance that they smoked. The Institutional Review Board at Eötvös Loránd University approved all study protocols.

2.2.2. Main results

Participants in this study interpreted their personal experiences of using SCs. Due to the novel effects of the drug, they perceived SCs to be unpredictable (first master theme) and that the drug took over their lives (second master theme).

2.2.2.1. Unpredictable effects

SCs are described as being unpredictable due to the novel effects, which could be different in comparison to the previous SC experiences and experiences of using other drugs. Participants mentioned multiple unpredictable physical and psychological effects. Even after prolonged use, SCs could still evoke some unusual experiences, which are more intense and faster than in case of cannabis and other drugs. SCs are described as being unpredictable, because at the beginning, they had some positive effects, of which participants mentioned relaxation and recreational aspects. But after a few consumptions, their experiences rapidly turned negative, and addiction appeared.

2.2.2.2. SCs take over people's lives

The participants reported fast alteration of their experiences from positive to negative and felt that they had lost control over their behavior as well as their physical and psychological conditions. Due to these unpredictable effects, they felt the drug hijacked their lives. The hijacking effect of the drug was perceived in both interpersonal and intrapersonal contexts.

Social and personal effects of the drug that participants reported included turning inward and becoming asocial. As this happened against the participants' will, they perceived that the drug hijacked them. In these accounts a process emerged, where first the drug gave new friends, but later it gradually took it away, because it strengthened participants' egoism and disinterest in social connections. They retreated from their social world, hid in their room, and preferred to use SCs alone.

2.3. Study 3: Using Interpretative Phenomenological Analysis to Assess Identity Formation Among Users of Synthetic Cannabinoids

2.3.1. Methods

Based on the methodology of IPA, a purposive sample was recruited (Smith et al., 2009). The current study was conducted in two drug rehabilitation centres, that work with a recovery approach, and involved six male patients (aged 20–27 years) who were self-identified SC users. Before the analysis, they had been using SCs for at least 2–6 years, and at the time of the study they had been abstinent for at least 1 month. It was assumed that SCs were the dominant components of the substance that they smoked.

2.3.2. Main results

The analysis identified in two master themes in relation to participants' interpretations of self and identity perception in the context of SC use: 1. The impact of SC use experience on self and identity formation, and 2. The transformed self and the user self.

2.3.2.1. The Impact of SC Use Experience on Self and Identity Formation

Participants described that the drug transformed and damaged their self. They felt that they lost control over their selves, and that the drug repressed their feelings, conscience and personality as it strengthened their egoism and gave them fake and inflated self-image.

Parallel with the alteration of experiences from positive to negative, participants became asocial, by which they meant a reduction of social relationships and a disinterest in everyday life.

Due to the transformative effect of SCs, users felt that the drug controlled them and altered their self. They often referred to their selves that it wasn't them anymore, because the drug gave them a negative self-image. They perceived an asocial, fake, self-destructive and transformed self, and they felt disgusted by it.

2.3.2.2. The Transformed Self and the User Self

The consequence of the drug use was the development of the „transformed self”, but this separate from the „user self”. The experiences of the „transformed self”, which were paranoia and uncontrolled behaviors, became apparent when they didn’t use the drug, so they felt compelled to more drug consumption. As such, the “user self” tried to protect the user from the strange „transformed self”.

Participants in this study, who were abstinent for at least 1 month at the time of the interviews, presented their drug use and addiction like things in the past. They perceived that their self was temporarily influenced negatively by SCs, but after they gave up using it they didn’t perceive the „transformed self” any longer.

2.4. Study 4: The experience of voice hearing and the role of self-help group: An interpretative phenomenological analysis

2.4.1. Methods

Based on IPA methodology (Smith et al., 2009), a purposive sample was recruited. The research participants were from the Semmelweis University Community Psychiatry Centre Awakenings Foundation voice hearers' self-help group. Seven female and four male participants aged 31–57 years were selected by personal contact of the interviewer (Márta Kiss, psychologist) or by recommendation of the treatment team or staff psychiatrist. The criteria for participating were having both a diagnosed mental health problem and a personal experience of recovery. The exclusion criterion was the presence of acute symptoms. Ethical approval was obtained from the Hungarian Medical Research Council Scientific and Research Committee.

2.4.2. Main results

During the analysis, four master themes emerged: (1) the role of the voice; (2) the relationship between the voice and 'I'; (3) the role of the self-help group and (4) the role of the voice hearing method.

2.4.2.1. *The role of the voice*

The role of the voice is to make the voice hearer pay attention to an inner crisis or to other problems that are suppressed but participants did not interpret it in this way when they first began to have voice hearing experiences. The narratives about the role of the voice included a change through time in how the voice was defined initially and how it was defined at the moment of the interview. The role of the voice was reassessed over time. In contrast to the initial (mainly negative) experiences, the voice had a supportive and helper role in the present time. These changes have been largely attributed to the crucial role of the voice hearer method.

2.4.2.2. *The relationship between the voice and the 'I'*

As voice hearers learn how to handle the voices, the relationship between

the voice and the 'I' changes. As a result, a parallel, peaceful symbiosis develops.

Narrators personalise the voices. According to the literature and previous IPA studies on the experience of voice hearing (Chin et al., 2009; Paulik, 2012; Rosen et al., 2015), this personalisation offers an opportunity to analyse the relationship between the voice and the 'I' as an interpersonal relationship. Therefore, the analysis focused on how participants related to their voices, how they made sense of this relationship, and if the relationship changed over time. During the examination, two relational sub-themes were emerged: (1) the symmetric and asymmetric relationships and (2) position of voice.

2.4.2.3. *The role of the self-help group*

During the process of learning to handle the voices, self-help groups play a significant role. In the self-help groups, participants received guidance for and explanation of their condition, which is a great *crutch* in the learning process. In the self-help group, the participants recognised that other people also live with this condition and the group was the place where they first experienced the acceptance which helped them overcome the anxiety caused by stigma related to their condition.

2.4.2.4. *The role of the voice hearing method*

The aim of the voice hearing method is to help the voice hearer learn to live with the voices. When participants recounted reconciling with the voices, subthemes emerged: building relationships with the outside world and reconciling with the outside world. The voice hearing method not only helped to control or master the voices, but also allowed some participants to live with the voices integrated into a full life. But the voice hearing also had a negative effect on some relationships with the outside world.

3. Summary of findings

Overall Study 1 suggests that the work of recovering helpers could complete their recovery process, because the constant recall of the past as an addict serves the needs of the present; therefore, it is not actually recall but it is a constant reconstruction. The institutional background serves an important role here, where helpers constantly meet users, so they are always exposed to factors triggering drug use. Study 2 and Study 3 could be treated together as important research results on novel psychoactive substance use. The experience of the use of SCs are very different from the use of other (psychoactive) drugs, participants reported unpredictable effects and rapid turn of experiences from positive to negative. In the aspects of identity this could mean a big difference (from the identity of psychoactive substance users), because the “user self”, the “turning points” and the “non-addict identity” that play a crucial role in recovery did not appear in the experiences of SC users.

Study 4 investigated a different process of recovery, the experience of voice hearing individuals who are in recovery. In the initial phase the experience of voice hearing could be frightening, the study findings suggest the change of experiences after accepting the voices. The acceptance of the disorder could happen by the support of the self-help group, where the voice hearing method is applied. Voice hearers could gain sense of control and give meaning to their condition. Participants recounted reconciling with the voices and reconciling with the outside world. The voice hearing method helped not only to control or master the voices, but also allowed some participants to live with the voices integrated into a full life.

4. Conclusions

The main aims of the present dissertation are to present IPA studies made in Hungarian context and to provide a detailed description of recovery. The results of the four studies wish to contribute to some of the fields' important questions, including the work of recovering helpers, the challenges of the treatment of novel psychoactive substance users, and how recovery could happen from psychosis. In conclusion IPA is a suitable method for the examination of recovery, because it is described as a subjective process and it could not be examined with questionnaires and the results may not be quantifiable. In addition, the results of an IPA study could generate further research questions, but the detailed analysis of a small aspect IPA could enlighten what is worth to examine.

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